

P19000018529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

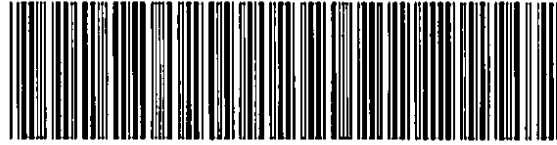
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 01 2019

K. Brumley

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: GC Marine Services, Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Michael Acker

Name (Printed or typed)

4251 Camelia Drive

Address

Hernando Beach, FL 34607

City, State & Zip

352-410-1402

Daytime Telephone number

m.acker57@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: GC Marine Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4251 Camelia Drive

Hernando Beach, FL 34607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide contracted personnel services to raise capital and purchase necessary boating equipment with the ultimate goal of establishing and operating a fishing charter business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Acker, President

Name and Title:

Address 4251 Camelia Drive

Address:

Hernando Beach, FL 34607

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael Acker _____

Address: 4251 Camelia Drive _____

Hernando Beach, FL. 34607 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michael Acker _____

Address: 4251 Camelia Drive _____

Hernando Beach, FL. 34607 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ Date of filing _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Michael C Acker
Required Signature/Registered Agent

2/22/2019
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael C Acker
Required Signature/Incorporator

2/22/2019
Date